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Attorney's Docket No.: 0015685.P068 Patent
In re the Application of: Paul Petrus
(inventor(s))
Application No.: 09/668,664
Filed: September 22, 2000
For: METHOD AND APPARATUS FOR DETERMINING AN OPERATING CONDITION IN A
COMMUNICATION SYSTEM
(title)

ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

SIR: Transmitted herewith is an Amendment for the above application.

 Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established by
a verified statement previously submitted.
 A verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is enclosed.
 X No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amd.		Highest No. Previously Paid For	Present Extra	Rate	Additional Fee	Rate	Additional Fee
Total Claims	* 42	Minus	** 42	0	X9	\$	X18	\$ 0.00
Indep. Claims	* 7	Minus	*** 7	0	X42	\$	X84	\$ 0.00
<div><input type="checkbox"/> First Presentation of Multiple Dependent Claim(s)</div>					+140	\$	+280	\$
					Total Add. Fee	\$	Total Add. Fee	\$ 0.00

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231

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Dominique Valentino
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OFFICE OF PETITIONS

_____ A check in the amount of \$ _____ is attached for presentation of additional claim(s).
_____ Applicant(s) hereby Petition(s) for an Extension of Time of _____ month(s) pursuant to
_____ 37 C.F.R. § 1.136(a).

_____ A check for \$ _____ is attached for processing fees under 37 C.F.R. § 1.17.

_____ Please charge my Deposit Account No. 02-2666 the amount of \$ _____.

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_____ Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of
_____ extra claims.

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Date: 3/28/03

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